



AMENDMENT TRANSMITTAL LETTER			DOCKET NUMBER: 066661-021 (P-IS4403)	
SERIAL NO: 09/724,898	FILING DATE: November 28, 2000	EXAMINER: M. Zeman	GROUP ART UNIT: 1631	
INVENTION: MULTIPARAMETER ANALYSIS FOR PREDICTIVE MEDICINE				

TO COMMISSIONER FOR PATENTS

CERTIFICATE OF MAILING BY "EXPRESS MAIL"
"EXPRESS MAIL" MAILING LABEL NUMBER: EV 347539578 US
DATE OF DEPOSIT: April 17, 2003
I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING
DEPOSITED WITH THE UNITED STATES POSTAL SERVICE
"EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER
37 C.F.R. 1.10 ON THE DATE INDICATED ABOVE, AND IS
ADDRESSED TO: COMMISSIONER FOR PATENTS WASHINGTON, D.C. 20231.

Carrie Hines

(TYPED OR PRINTED NAME OF PERSON MAILING PAPER OR FEE)

Carrie Hines

(SIGNATURE OF PERSON MAILING PAPER OR FEE)

Transmitted herewith is a Response to the Restriction Requirement mailed March 17, 2003, in the above-identified application.

☒ Small Entity status of this application has been established under 37 CFR 1.27.

☒ Information Disclosure Statement.

☒ Form PTO 1449 with 8 references.

☐ Petition for Extension of Time is enclosed (duplicate).

☐ Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is enclosed.

☒ No additional claims fee is required.

☐ An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER AMEND- MENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE			FEE	
							SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	143	-	143	-	0	x	\$9	\$18	=	\$0.00	\$
INDEPEN- DENT CLAIMS	14	-	14	-	0	x	\$42	\$84	=	\$0.00	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			____YES		____xx NO		\$140	\$280	=	\$0.00	\$
							TOTAL ADDITIONAL FEE			\$0.00	\$

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

Inventors: Hood and Siegel
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- ___ Please charge my Deposit Account No. 502624 the amount of \$_____. A duplicate copy of this sheet is enclosed.
- ___ A check in the amount of \$_____ is enclosed, \$_____ of which covers the fee for a _____-month extension of time.
- X The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 502624. A duplicate copy of this sheet is enclosed.
- X The Commissioner is hereby authorized to charge to Deposit Account No. 502624 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,



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